

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS		6/4
O.I.P.E. CLASSIFIER		20	6/10
FORMALITY REVIEW	EW	64934	6 23 89

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	11 5 12 6 12 7
01 02 03 04	01 02 03 04
05 06 07 08	05 06 07 08
09 10 11 12	09 10 11 12
13 14 15 16	13 14 15 16
17 18 19 20	17 18 19 20
21 22 23 24	21 22 23 24
25 26 27 28	25 26 27 28
29 30 31 32	29 30 31 32
33 34 35 36	33 34 35 36
37 38 39 40	37 38 39 40
41 42 43 44	41 42 43 44
45 46 47 48	45 46 47 48
49 50	49 50

Claim	Date
Final Original	
51 52 53 54	
55 56 57 58	
59 60 61 62	
63 64 65 66	
67 68 69 70	
71 72 73 74	
75 76 77 78	
79 80 81 82	
83 84 85 86	
87 88 89 90	
91 92 93 94	
95 96 97 98	
99 100	

Claim	Date
Final Original	
101 102 103 104	
105 106 107 108	
109 110 111 112	
113 114 115 116	
117 118 119 120	
121 122 123 124	
125 126 127 128	
129 130 131 132	
133 134 135 136	
137 138 139 140	
141 142 143 144	
145 146 147 148	
149 150	

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If more than 150 claims or 10 actions  
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